## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
National Nurses United for Patient Protection	C C00490375		
Check if 24-hour report 48-hour report New report Amends report filed	on Man / Dab / Yayayay		
Full Name of Payee Postal Systems, Inc.	Date of Public Distribution/Dissemination		
·	02 09 2016		
Mailing Address 1890 North Blvd.	Amount		
City State Zip Code	77048.67		
San Leandro CA 94577	Transaction ID : D710103  Date of Disbursement or Obligation		
Purpose of Expenditure Postage  Category/ Type	02 / 08 / 2016		
Name of Federal Candidate Support Office	Sought: House District:00		
BERNARD SANDERS Oppose	President Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought  Disbu 2016	orsement For:		
Full Name of Payee	Date of Public Distribution/Dissemination		
Postal Systems, Inc.	02 09 2016		
Mailing Address 1890 North Blvd.	Amount		
City State Zip Code	6335.23		
San Leandro CA 94577	Transaction ID : D710104  Date of Disbursement or Obligation		
Purpose of Expenditure Postage  Category/ Type	02 / 08 / 2016		
Name of Federal Candidate Support Office	e Sought: House District: 00		
Bernie Sanders Oppose	President Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought  Disbut 2016	orsement For:		
(a) SUBTOTAL of Itemized Independent Expenditures	83383.90		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	· · · · · · · · · · · · · · · · · · ·		
Martha Kuhl  [Electronically Filed] Date 02	2 09 2016		
Signature			

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

				FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	d for Patient Protection			FEC IDENTIFICATION NUMBER ▼		
National Nurses Office	d for Patient Protection			C C00490375		
Check if 24-hour report	48-hour report New rep	oort Amends repo	rt filed on	= M / D = D / Y = Y = Y		
Full Name of Payee	_		Date	of Public Distribution/Dissemination		
Postal Systems, Inc			IV	02 09 7 2016		
Mailing Address 1890 North	Blvd.		Amou	nt		
City	State	Zip Code	- [	11957.95		
San Leandro	CA	94577		Transaction ID : D710107 Date of Disbursement or Obligation		
Purpose of Expenditure Postage		Category/ Type		02 08 7 2016		
Name of Federal Candidate		X Support	Office Sough	t: House District: 00		
BERNARD SANDERS		Oppose	X Preside	ent Senate State: SC		
Calendar Year-To-Date Per Election for Office S	Sought	11957.95	Disbursement 2016	ther (specify) ►		
Full Name of Payee Alliance Graphics			Date	of Public Distribution/Dissemination		
Mailing Address 1101 8th	Street		Amou	02 09 2016 unt		
City	State	Zip Code		427.05		
Berkeley	CA	94710		action ID : D710105		
Purpose of Expenditure Printing		Category/ Type		of Disbursement or Obligation  02  09  2016		
Name of Federal Candidate		Support	Office Sough	nt: House District: 00		
Bernie Sanders		Oppose	X Presid	ent Senate State: DC		
Calendar Year-To-Date Per Election for Office S	Sought	6762.28	Disbursemer 2016	nt For:		
(a) SUBTOTAL of Itemized In	ndependent Expenditures		•	12385.00		
(b) SUBTOTAL of Unitemized	I Independent Expenditures		•			
(c) TOTAL Independent Expe	enditures		•	7 1 7 1 7		
	rtify that the independent expenditures gestion of, any candidate or authorized party committee or its agent.					
Martha Kuhl	[Electron	nically Filed] Date	M M /	09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature						

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## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

ooneddie Ej	FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)  Notional Nurses United for Detiont Protection	FEC IDENTIFICATION NUMBER ▼		
National Nurses United for Patient Protection	C C00490375		
Check if 24-hour report 48-hour report New report Amends report filed of	on M = M / D = D / Y = Y = Y		
	Date of Public Distribution/Dissemination		
Autumn Press	02 09 2016		
Mailing Address 945 Camelia St	Amount		
City State Zip Code	5449.45		
Berkeley CA 94710-1437	Transaction ID : D710106 Date of Disbursement or Obligation		
Purpose of Expenditure Printing  Category/ Type	02 / 09 / 2016		
Name of Federal Candidate Support Office s	Sought: House District:00		
DEDNARD CANDEDC	President Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought  Disburs 2016	sement For:		
Full Name of Payee	Date of Public Distribution/Dissemination		
	M M / D D / Y Y Y Y Y		
Mailing Address	Amount		
City State Zip Code			
	Date of Disbursement or Obligation		
Purpose of Expenditure  Category/ Type	M   M		
Name of Federal Candidate Support Office	Sought: House District:		
Oppose	President Senate State:		
	sement For: Primary General		
1 of Election for Office Sought	Other (specify) -		
(a) SUBTOTAL of Itemized Independent Expenditures	5449.45		
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7		
(c) TOTAL Independent Expenditures	101218.35		
Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.			
Martha Kuhl  [Electronically Filed] Date 02	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature			

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